



STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR.
GOVERNOR

October 22, 2018

COUNTY FISCAL LETTER (CFL) NO. 18/19-22

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY FISCAL OFFICERS
ALL COUNTY CHILD WELFARE DIRECTORS
ALL FOSTER FAMILY AGENCY DIRECTORS
ALL COUNTY CHIEF PROBATION OFFICERS
ALL TITLE IV-E AGREEMENT TRIBES
ALL COUNTY CHILD CARE COORDINATORS
ALL CHILD WELFARE SERVICE PROGRAM MANAGERS

SUBJECT: CLAIMING INSTRUCTIONS FOR MEDI-CAL ACTIVITIES

REFERENCE: [WELFARE & INSTITUTIONS CODE 14154;](#)
[WELFARE & INSTITUTIONS CODE 14154.1;](#)
[MEDICAID'S FEDERAL MEDICAL ASSISTANCE PERCENTAGE](#)
[\(FMAP\);](#)
[TITLE XIX - GRANTS TO STATES FOR MEDICAL ASSISTANCE](#)
[PROGRAMS](#)

The purpose of this CFL is to provide time study and claiming instructions for two new Program Codes (PCs) for counties to identify and claim specific activities for the Medi-Cal Program. These new PCs further identify and separate allowable current activities into new categories. There are no new activities required as a result of this letter.

Effective with the December 2018 quarter, PC 406 (Medi-Cal Pre-Intake Customer Service Activities) has been established to capture costs for activities which precede the eligibility determination such as outreach, application assistance, etc. Additionally, PC 407 (Medi-Cal Audits, Investigations, and Appeal Functions) has been established to capture costs for activities subsequent to the eligibility determination such as appeals, reports, etc.

Lastly, Time Study Code (TSC) 2151 (Medi-Cal Intake) and TSC 2153 (Medi-Cal Continuing) have been amended to delete references to activities now captured under the new PCs. The revised Program Code Descriptions provide updated descriptions that further separate and define the activities associated with the Medi-Cal Program.

Claiming Instructions

Effective with the December 2018 quarter, Medi-Cal Pre-Intake Customer Service Activities costs shall be claimed to the new PC 406 (Medi-Cal Pre-Intake Customer Service Activities). Medi-Cal Audits, Investigations, and Appeal Functions costs shall be claimed to the new PC 407 (Medi-Cal Audits, Investigations, and Appeal Functions).

The following TSCs, Program Identifier Numbers (PINs), and Direct-to-Program (DTP) codes are available for claiming the above-mentioned activities:

PC	406	Medi-Cal Pre-Intake Customer Service Activities
TSC	4061	Medi-Cal Pre-Intake Customer Service
PIN	406031	Contracted Activities
PIN	406060	Direct Service Delivery
PIN	406088-91*	Support Operating
PIN	406092	Casework OT/CTO Costs
PIN	406093	Support Staff – OT/CTO Costs
PIN	406094	Start Up/Nonrecurring Costs
DTP	C35	Medi-Cal
The sharing ratio for PC 406 is 00/00/100/00 (Federal/State/Health/County)		

PC	407	Medi-Cal Audits, Investigations, and Appeal Functions
TSC	4071	Medi-Cal Audits, Investigations, and Appeal Functions
PIN	407031	Contracted Activities
PIN	407060	Direct Service Delivery
PIN	407088-91*	Support Operating
PIN	407092	Casework OT/CTO Costs
PIN	407093	Support Staff – OT/CTO Costs
PIN	407094	Start Up/Nonrecurring Costs
DTP	C35	Medi-Cal
The sharing ratio for PC 407 is 00/00/100/00 (Federal/State/Health/County)		

**The County must have a Letter of Intent on file with CDSS to use Support/Operating PIN Codes (88-91).*

Time Study Instructions

There will be no retroactive time study claiming prior to the effective date of this letter.

PC 406 Medi-Cal Pre-Intake Customer Service Activities

Includes staff time spent on administrative activities related to the pre-intake customer service activities to serve the Medi-Cal population. Allowable activities include but are not limited to:

- Outreach and Marketing – Including general public outreach, beneficiary education and outreach, explanation of eligibility policies, programs and benefits, plan choice counseling, and plan enrollment.
- Community-Based Application Assistance – Including assistance with application completion and navigation.
- Customer Service – Including call center activities and out-stationed eligibility worker activities related to areas such as beneficiary educations, benefits, plan choice/enrollment, and civil right complaints.

PC 407 Medi-Cal Audits, Investigations, and Appeal Functions

Includes staff time spent on administrative activities subsequent to the eligibility determination to serve the Medi-Cal population. Allowable activities include but are not limited to:

- Program Integrity – Including audits and investigations, Payment Error Rate Measurement Program, Medi-Cal eligibility quality control, and any other quality assurance/auditing activities.
- Formal appeals of eligibility decisions – Including accepting and processing appeals (including appeals of final eligibility system determinations), hearings, and decisions if rendered by the State Medicaid Agency.

The costs charged to these PCs are reimbursed through the County Expense Claim by the Department of Healthcare Services (DHCS).

Changes to PC 215

The following changes have been made to the existing TSC 2151 (Medi-Cal Intake) and TSC 2153 (Medi-Cal – Continuing). Please note, language to be removed is identified using strikethrough text and language that has been added is identified using underlined text.

CODE 2151 Medi-Cal – Intake

Includes screening and referral of MNO applicants; accepting and processing initial applications, reapplications, and transfers-in; ~~hearing activities; and preparing and/or presenting a case for hearing.~~ This also includes time spent providing applicants and recipients with voter registration forms and instructions, assisting in completion of these forms as necessary, and processing voter registration forms for submission to the California Secretary of State. Activities and individuals must be federally eligible and in accordance with the Department of Health Care Services State Medicaid Plan.

CODE 2153 MEDI-CAL – Continuing

This includes processing approved cases, including budget changes, address changes, redeterminations, discontinuances and rescinded discontinuances, and income reporting, ~~and hearings for either MNO or MI recipients~~. Also includes issuing temporary Medi-Cal cards to SSI/SSP recipients who did not receive their regular Medi-Cal card because of a failure of the SSA system, replacing lost or stolen Medi-Cal cards, and providing additional proof of eligibility labels for SSI/SSP recipients. Activities and individuals must be federally eligible and in accordance with the Department of Health Care Services State Medicaid Plan.

Claiming for intake and eligibility activities remains unchanged except for the activities with the strikethrough above. For intake and eligibility determinations for individuals applying for multiple programs, such as Medi-Cal, CalWORKs, and CalFresh, staff should continue to time study to the appropriate PC (i.e., PC 6151 [Initial Eligibility Determinations for CalWORKs, CalFresh and Medi-Cal]).

For questions regarding claiming Medi-Cal costs and activities, please contact Rocky Evans at DHCS at (916) 319-8434 or Rocky.Evans@dhcs.ca.gov. If you have any questions regarding claiming, please direct them to the Fiscal Policy and Analysis Bureau at fiscal.systems@dss.ca.gov.

Sincerely,

Original Document Signed By:

SALENA CHOW, Chief
Fiscal Forecasting and Policy Branch